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## \*BIBDATASHEET\*

CONFIRMATION NO. 5317

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/481,207	<b>FILING OR 371(c) DATE</b> 01/11/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> 40015630-003
<b>APPLICANTS</b> JEFFREY OWEN PHILLIPS, ASHLAND, MO;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/183,422 10/30/1998 ABN which is a CIP of 08/680,376 07/15/1996 PAT 5,840,737				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 26565				
<b>TITLE</b> NOVEL SUBSTITUTED BENZIMIDAZOLE DOSAGE FORMS AND METHOD OF USING SAME				
<b>FILING FEE RECEIVED</b> 7467	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	